PC-8.1 (11/02, formerly SW-19) Change of Name Date filed: \_\_\_ Court use only STATE OF RHODE ISLAND PROBATE COURT OF THE County of \_\_\_\_\_ Estate of \_\_\_\_\_ Alias Alias \_\_\_\_\_ No. \_\_\_\_\_ Date **CHANGE OF NAME** The undersigned petitioner requests the following name change: [ ] self [ ] for minor child Current Name No. City/Town State Phone Number Mailing Address (if different) No. Street Mailing Address (if different) City/Town State Name on Original Birth Record: Place of Birth: \_\_\_\_\_ Date of Birth: Mother's Maiden Name: Father's Name: Petitioner's Occupation: Petitioner's Marital Status (optional): The petitioner resided at the following addresses:

Reason for name change (be specific): \_\_\_\_\_\_

Petitioner requests a name change to: \_\_\_\_\_\_

If applicable, the name on the birth record should be changed to:

minor:	
ner Signature	Mother Signature
<b>At</b> i The undersigned petitioner makes affidavit o	ttach form PC—9.1, Waiver, if applicable.  and says that the above facts are true as to the best of his/her knowledge and belief.
Signature of petitioner	Date
Relationship of petitioner	
	Sc.
Notary public (please print name)	Notary public signature
	DECREE
Upon h	nearing, it is hereby ordered and decreed:

PC-8.1 (11/02, formerly SW-19)